

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF FAMILY AND COMMUNITY HEALTH  
SCHOOL HEALTH UNIT**

**Application for Waiver of Certain Regulations Pursuant  
to M.G.L. Chapter 71, Section 57  
Regarding Physical Examination and Related Activities for School Children**

**SCHOOL YEAR: SEPTEMBER \_\_\_\_\_ TO JUNE \_\_\_\_\_**

1. School District:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

2. Applicant, if other than the school district (Health Department/VNA/etc.):

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

3. If regional district, list the towns served:

\_\_\_\_\_

4. Please specify:

Initial Application \_\_\_\_\_ (complete entire application except page 6)

Renewal Application \_\_\_\_\_ (complete pages 1, 5 & 6)

Renewal Application with changes \_\_\_\_\_ (complete entire application including page 6)

5. School Physician(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

6. Nurse Leader or Nurse Contact completing this application:

Name/Title/Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**SCHOOL STAFFING FORM**

Massachusetts regulation 105 CMR 200.910 (B) states “Individual alternative school health programs submitted for approval must not reflect a cut back in the school health budget.”

Total Number of Students in School District \_\_\_\_\_

[illegible]

## WAIVER COMPONENTS

### **PHYSICAL EXAMINATION:** (MGL Chapter 71, Section 57)

Examinations that **may not be waived** include: school entry physical; transfer students without records or recent physical; sports physical; pre-employment physical or referrals by parents or teaching personnel.

Physical examinations eligible for the waiver program are those "**at intervals of either three to four years thereafter**" the school entry physical. One complete physical examination must be performed within the period from Grade 3 through Grade 12. (105 CMR 200.200)

Please list grade/s routine physical will be performed. GRADES \_\_\_\_\_

It is recommended that an INTERVAL HEALTH HISTORY be completed by a parent/ guardian annually when a physical examination is not required by the school.

### **VISION AND HEARING SCREENING:** (105 CMR 200.400)

**Vision Screening** is non-waivable (mandatory) for: year of school entry and every school year through Grade 5, one middle school grade (6 through 8), and one high school grade (9 through 12).

List Middle School Grade to be tested \_\_\_\_\_

List High School Grade to be tested \_\_\_\_\_

**Hearing Screening** is non-waivable (mandatory) for: year of school entry and every school year through Grade 3, one middle school grade (6 through 8), and one high school grade (9 through 12).

List Middle School Grade to be tested \_\_\_\_\_

List High School Grade to be tested \_\_\_\_\_

### **PHYSICAL GROWTH AND DEVELOPMENT SCREENING:** (105 CMR 200.500)

Annual heights and weights may not be waived in grades K-8 and grade 10.  
Grades 9, 11, and 12 may all be waived.

Grades to be waived: \_\_\_\_\_

It is recommended that Body Mass Indexes (BMI's) be calculated for students in Grades 1, 4, 7, and 10.

List grades for which BMI's are calculated: \_\_\_\_\_

**Physical Growth and Development Screenings for any child who falls below the 5<sup>th</sup> Percentile or above the 85<sup>th</sup> Percentile should be done annually.**

### **POSTURAL SCREENING:** (MGL Chapter 71, Section 57)

"Tests ascertaining postural defects shall be administered at least once annually in grades five through nine."  
Postural screening is non-waivable (mandatory). Postural screening results must be submitted to the MDPH, School Health Unit annually.

## ALTERNATIVE SCHOOL HEALTH ACTIVITIES FOR WAIVER PROGRAM (105 CMR 200.910 A-B)

Activities that will improve the health status of the student population can be instituted in place of certain routine screenings. Please identify one or more of the following activities that will be implemented by your school system during this school year. Waiver applications cannot be considered without a written proposal of such related activities.

<u>Suggested Alternative Activities</u>	<u>Check if chosen for Waiver</u>
1. Development and implementation of a comprehensive building specific, system-wide emergency plan which includes bioterrorism emergency preparedness and is linked to local emergency medical services.	_____
2. Plans to maintain one-third of all school staff with current certification in CPR and First Aid and a plan for implementation of Automatic External Defibrillators (AED) system-wide.	_____
3. In addition to individual health care plans for all students with special health concerns, implementation of the Massachusetts Asthma Action Plan for all students requiring treatment for asthma in school.	_____
4. Implementation of a plan to identify and refer students at risk for depression and suicide.	_____
5. Maintenance of an active School Health Advisory Committee, which includes: a) meetings at a minimum quarterly, (b) community-based representation, and (c) documentation of minutes with an agenda.	_____
6. Implementation of K-12 BMI with a plan for intervention for students over 85 percentile or under/equal to 5 percentile.	_____
7. Implementation of oral health services addressing the following: (1) oral health assessment, (2) dental sealant programs, (3) school-based fluoride rinse, and (4) mouth-guard use in relevant contact sports.	_____
8. Implementation of a Quality Assurance (QA) project focusing on reduction of absenteeism in children with asthma.	_____
9. Implementation of a district-wide skin cancer prevention program including education and evaluation.	_____
10. Implementation of the School Health Index to assess nutrition, physical activity and tobacco use with a plan to address the findings.	_____
11. Utilization of Tools For Schools to identify health issues in the environment with a plan to address the findings.	_____
12. Computerization of student health records and daily encounters with a plan to present monthly and annual reports to the administration.	_____
13. In addition to implementation of a comprehensive, coordinated health education program, demonstration of coordinated efforts with classroom teachers and other disciplines to address salient health issues.	_____
14. Implementation of a process for linkage of the school health services team with current community coalitions and local providers with the goal of addressing child and adolescent physical, psychological and oral health needs.	_____
15. Implementation of a school-wide assessment of school culture as it relates to psychosocial health issues.	_____
16. Implementation of a continuous quality improvement (CQI) project that focuses on number of completed referrals for health screenings completed.	_____
17. Other alternative activity (define) _____	_____

**WAIVER APPLICATION REVIEWED AND APPROVED BY:**  
**(PLEASE SIGN AND DATE)**  
**Must be completed on an annual basis by all applicants**

Date \_\_\_\_\_  
\_\_\_\_\_  
Superintendent of Schools (signature)

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_  
\_\_\_\_\_  
Director, Board of Health (if applicable) (signature)

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_  
\_\_\_\_\_  
Nurse Leader (signature)

\_\_\_\_\_  
Print Name

Please submit completed application to:

Janet Burke  
School Health Unit  
Massachusetts Department of Public Health  
250 Washington Street, Fifth floor  
Boston, MA 02108-4619

A School Health Advisor is available for consultation:

Mary Ann Gapinski, RN, MSN, NCSN  
Phone: (617) 624-5427  
Email: mary.gapinski@state.ma.us

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF FAMILY AND COMMUNITY HEALTH  
SCHOOL HEALTH UNIT**

**School Health Unit Alternative Waiver Activity Reporting Form for School Year: \_\_\_\_\_**  
**(To be submitted to School Health Unit annually for renewal of Waiver Application)**

**Please describe Alternative Waiver Activity selected as an alternate plan to screenings as mandated in 105 CMR 200.910(A):**

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**Objectives of School Health Services Alternative Activity:**

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**Outcomes/Results:**

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**Please attach Alternative Activity supporting documents (i.e., data, CQI project report, etc.).**

**Alternative Activity completed:**                      Yes \_\_\_\_\_      No \_\_\_\_\_

**If the Alternative Activity has been completed, you must select another Alternative Activity for the school year for this application (see page 4 of original application):**

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**Please check as applicable:**

I am willing to share the process and results with other school districts.      Yes \_\_\_\_\_      No \_\_\_\_\_

Signature Nurse Leader/Nurse Contact: \_\_\_\_\_      Date: \_\_\_\_\_